

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

Reset Form

FORM DR-2 (Rev. 07/2003)	IA ETHICS AND DISCLOSURE REPORT
2009 MAY 20 AM 9:57	
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

COMMITTEE NAME (Must be same as on Statement of Organization)

CREWS FOR MAYOR

IMPORTANT: Indicate type of committee you are reporting for: 4

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate  
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee  
(8) Support Slate of Candidates

### CANDIDATE COMMITTEES ONLY:

Candidate Name

JOHN T CREWS

Political Party

NA

Office Sought

MAYOR OF CEDAR FALLS

District (if Senate or House)

Robert J. Brown  
SIGNATURE OF TREASURER (or person filing this report)

(319) 266-5062  
TELEPHONE

MAY 15 2009  
DATE SIGNED

Late filed reports are subject to possible civil and criminal penalties.

### SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A MAY 19, 2009 REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date)

Indicate one 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election
<u>NOVEMBER 3 2009</u>
County & Local Committees, enter County in which Election is held
<u>BLACK HAWK</u>

### STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 1,760.72

#### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

845.-

Schedule F: Loans Received total (Attach Schedule F)

- 0 -

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

- 0 -

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....

\$ 2,605.72

#### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

475.-

Schedule F: Loan Repayments total (Attach Schedule F)

- 0 -

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 2,130.72

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ - 0 -

\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ - 0 -

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ - 0 -

### CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

## CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

CREWS FOR MAYOR

☐ CHECK THIS BOX IF  
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FC FUND RAISE INCOM
1/5/09	ID# CK# 051209	SCOTT JORDAN 2072 HOWARD WATERLOO IA 50702	NONE	\$ 100.-	
1/5/09	ID# CK# 4696	DICK WITHAM 2033 LA PORTE RD WATERLOO IA 50702-4404	NONE	100.-	
1/30/09	ID# CK#	JIM MUDD SR. 3949 BEAVER RIDGE TRAIL CEDAR FALLS IA 50613	NONE	200.-	
1/30/09	ID# CK#	FRED ABRAHAM 2831 ABRAHAM DR CEDAR FALLS IA 50613	NONE	25.-	
1/30/09	ID# CK#	DR. DARYL SMITH 306 N. HIGHLAND DR CEDAR FALLS IA 50613	NONE	50.-	
1/30/09	ID# CK#	ROGER WHITE 2303 GREENWOOD AVE CEDAR FALLS IA 50613	NONE	100.-	
2/12/09	ID# CK# 7757	DAVID A. OR SHARON K. <del>NAGLE</del> <sup>WEILAND</sup> 4201 HERITAGE RD CEDAR FALLS IA 50613	NONE	100.-	
2/19/09	ID# CK# 3022	DAVID R. & DEBORAH D. NAGLE 4935 N. UNION RD CEDAR FALLS IA 50613	NONE	100.-	
2/19/09	ID# CK# 5264	DONALD E. OR HELEN L. WIEDERANDERS 1123 W. 10 <sup>TH</sup> ST CEDAR FALLS IA 50613	NONE	20.-	
3/23/09	ID# CK# 5464	KATHLEEN M. OR STEVE E. MC CREA 2807 A CORN LN CEDAR FALLS IA 50613	NONE	50.-	
SUB-TOTAL				\$	
TOTAL (if last page of this schedule)				\$ 845.-	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

# EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

CREWS FOR MAYOR

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2/24/09	ID# CK# 264	WATERLOO HUMAN Right COMM 620 MULBERRY ST WATERLOO, IA 50703	Advertising	\$ 150. -
2/24/09	ID# CK# 265	VOLUNTEER CENTER OF Cedar Valley 2101 Kimball Ave Suite 1414 WATERLOO, IA 50702	Advertising	125. -
3/30/09	ID# CK# 266	SARTORI Hosp Auxiliary 515 College St Cedar Falls, IA 50613	Advertising	50. -
4/30/09	ID# CK# 267	CEAR BASIN JAZZ Fest. 2710 County ME Hwy LN Cedar Falls, IA 50613	Sponsor	150. -
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$
TOTAL (if last page of this schedule)				\$ 475. -

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)